

LifeSkills Training

School Team Registration

Training Date & City (please check one):	Director/Principal's Signature:
☐ Jackson April 23, 2010 ☐ Nashville May 17, 2010	(required for registration)
All times are 8am to 3:30pm with a light lunch provide	School Name:
Please gather a team of 3 to 5 people from your program including teachers from any subject are counselors, & SROs (if applicable). The team minclude the primary contact for LST at the school at least one person who will be delivering Level	School System:
Name / Subject / Title Grade(Serve	(s)
	Shipping Address:
	School Phone: () School Fax: ()
	If you require auxiliary aids, or handicap assistance, please mark. Someone from
Training Sponsored By	our office will contact you.
TENNESSEE DEPARTMENT OF EDUCATION	If you prefer a vegetarian meal(s), please mark and indicate the number required

Return Form to Stefanie Ellis at stefanie.ellis@tennessee.edu



LAW ENFORCEMENT INNOVATION CENTER